

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-050527

STATE FILE NUMBER

Registration District No. 340

Primary Registration District No. 3075

Registrar's No. 109

DO NOT WRITE  
ON THIS STUB

AMENDED

FILED DEC 24 1963

1. PLACE OF DEATH

a. COUNTY Stoddard

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN Dexter

Length of stay in 1b

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION Residence

Inside Limits  
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri b. COUNTY Stoddard

c. CITY OR TOWN Dexter

Inside Limits  
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)  
112 East McCollum

Reside on Farm  
Yes ☐ No ☒

3. NAME OF DECEASED  
(Type or print)

First

Middle

Last

Jennie

V.

Creed

4. DATE OF DEATH

Month

Day

Year

Dec.

12,

1963

5. SEX

Female

6. COLOR OR RACE

White

7. Married ☒

Never Married ☐

Widowed ☐

Divorced ☐

8. DATE OF BIRTH

3-2-1899

9. AGE (last birthday)

64

IF UNDER 1 YEAR

Months 7

IF UNDER 24 HR  
Hours 70 Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

House-keeper

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)

Stoddard County, Mo.

12. CITIZEN OF WHAT COUNTRY

U. S. A.

13a. FATHER'S NAME

Alexander Treat

13b. MOTHER'S MAIDEN NAME

Viola Marie Arnold

14. NAME OF HUSBAND OR WIFE

Millard Creed

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

no

16. SOCIAL SECURITY NO.

17. INFORMANT  
Address  
Millard Creed, Dexter, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).  
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Cirrhosis of the liver

INTERVAL BETWEEN ONSET AND DEATH

3 years

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?  
YES ☐ NO ☐

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from Feb 1963 to Dec 1963 and last saw her alive on Dec 12, 1963  
Death occurred at 7:15 P. M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

Dexter, Missouri

22c. DATE SIGNED

12-14-63

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

12-15-63

23c. NAME OF CEMETERY OR CREMATORY

Old Bethel

23d. LOCATION (City, town, or county)

Dexter, Missouri

(State)

24. FUNERAL DIRECTOR

ADDRESS

Rainey Funeral Home

Dexter, Mo.

25. DATE REC'D. BY LOCAL REG.

12/14/63

26. REGISTRAR'S SIGNATURE

Velma V. Dombier

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS.

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

VS-3070-1113

1968 FEB 11

0.182

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Lucille Rainey

Licensed Embalmer No. 4983

P. O. Address Deer, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.